

Vermont Mental Health Performance Indicator Project

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MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Christine Van Vleck

DATE: June 25, 2004

RE: Co-occurring (MH/SA) Disorders Among AOP Clients

This week's PIP examines the prevalence of co-occurring mental health and substance abuse disorders (as evident in the existing MIS database) among clients of Adult Mental Health Outpatient Programs (AOP) in Vermont. These programs serve adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems serious enough to warrant professional attention. The indicators of substance abuse disorders used in this analysis included an intake problem assessment that indicated an alcohol or drug abuse problem, a diagnosis of substance abuse (303.9-305.9), and/or having received service(s) from a substance abuse program in the reporting CMHC. This analysis replicates our analysis of the prevalence of co-occurring mental health and substance abuse disorders among clients of Community Rehabilitation and Treatment (CRT) programs that was distributed last week (www.ddmhs.state.vt.us/docs/pips/2004/pip061804.pdf).

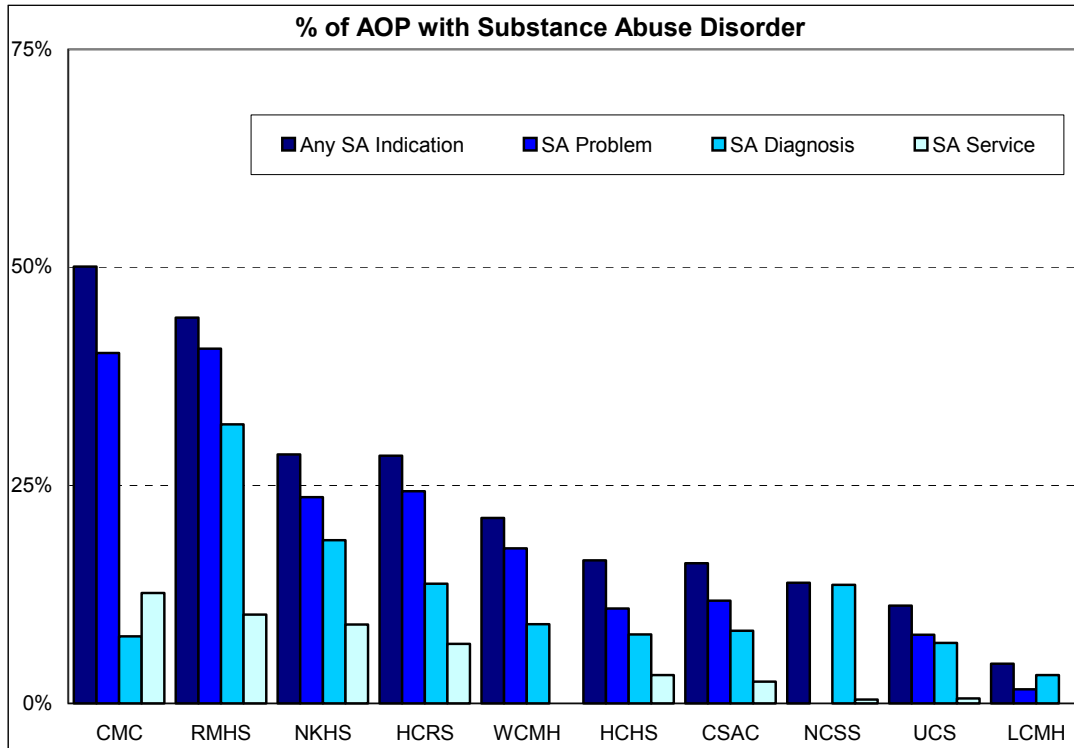
As you will see, 23% of all AOP clients, statewide, had at least one of these indications of a co-occurring substance abuse disorder. The identification rate, however, varied from more than 50% at the Clara Martin Center in Orange County to less than 15% at North Country Counseling in St Albans, United Counseling in Bennington, and Lamoille County Mental Health (14%, 11%, and 5%, respectively). Problem assessments indicated a co-occurring disorder for 17% of all AOP clients and diagnosis indicated a co-occurring disorder for 13%. Very few AOP clients (5%), however, had received a service from the agency's substance abuse program during FY2003. Again, there were substantial differences among providers in the rate at which the different indicators appeared in the data reported to DDMHS.

The AOP rate of co-occurring disorders was substantially lower than the rate for CRT (23% vs. 33%). In both programs, however, relatively few of those identified as having a co-occurring disorder received services from the agency's Substance Abuse Program. Only 15% of CRT clients with co-occurring disorders and 22% of AOP clients with co-occurring disorders identified in the agency's monthly service reports were served by the agency's substance abuse program during the reporting year.

As we mentioned in the earlier PIP, the differences among CMHC programs in reported prevalence of co-occurring substance abuse disorders could be interpreted in at least three ways. First, they could be interpreted as an indication of differing levels of access to care for adults with both a serious mental illness and a substance abuse disorder. Second, these differences could be interpreted as an indication of differing ability of clinical staff at the local CRT programs to effectively screen for substance abuse disorders. Third, these differences could be interpreted as an indication of differing record keeping and reporting practices at the various CRT programs.

We will appreciate your interpretations of these findings and your suggestions for further analysis of these data (or other relevant data) to pip@ddmhs.state.vt.us.

Adult Outpatient Clients with Co-Occurring Substance Abuse Disorders Vermont CY 2003



	Adult Outpatient Clients Served				
	Number	Percent with a Substance Abuse Indication			
		Any Indication	Problem	Diagnosis	Service
Total	8,531	23%	17%	13%	5%
By Clinic:					
CMC	585	50%	40%	8%	13%
RMHS	728	44%	41%	32%	10%
NKHS	1,054	29%	24%	19%	9%
HCRS	1,218	28%	24%	14%	7%
WCMH	630	21%	18%	9%	0%
HCHS	836	16%	11%	8%	3%
CSAC	1,046	16%	12%	8%	2%
NCSS	1,194	14%	0%	14%	0%
UCS	867	11%	8%	7%	1%
LCMH	373	5%	2%	3%	0%

Data used in this analysis were extracted from Monthly Service Report (MSR) files submitted to DDMHS by designated community mental health service providers. AOP (Adult Outpatient) clients counts include all individuals who were assigned during calendar year 2003 to an Adult Outpatient Program.

Any substance abuse indication is defined as client with an indication of an alcohol and/or drug abuse problem, a substance abuse diagnosis, and/or receiving substance abuse services. A substance abuse problem includes all clients with an alcohol and/or drug abuse problem according to the problem checklist done at time of intake. A substance abuse diagnosis includes all clients with a diagnosis greater than or equal to 303.90 and less than 306.00. Substance abuse services include all clients who received at least one service from a substance abuse program.